

DMV USE ONLY	<input type="checkbox"/> NEW	<input type="checkbox"/> CHANGE CLASS	<input type="checkbox"/> CHANGE ENDORSE	<input type="checkbox"/> CHANGE RESTRICT	<input type="checkbox"/> OTHER
--------------	------------------------------	---------------------------------------	---	--	--------------------------------

APPLICATION FOR A NON-COMMERCIAL CLASS D DRIVER LICENSE
R-229 REV. 7-2009

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
On The Web At ct.gov/dmv

INSTRUCTIONS: Complete 1-16, then present items listed below to Examiner:

1. Identification - Please refer to form B-313 or go to ct.gov/dmv and select "Identification" under "Driver's License and ID" and select "Acceptable Forms of ID".
2. Resident Address Verification
3. Completed CS-1
4. Fee, if applicable



VOID UNLESS
VALIDATED HERE
BY CONNECTICUT
DMV

1. APPLICANT'S NAME (Last, First, Middle)		2. SEX <input type="checkbox"/> M <input type="checkbox"/> F	3. DATE OF BIRTH	4. HEIGHT ft. in.	5. COLOR OF EYES
6. MAILING ADDRESS (No., Street, City or Town, State, Zip Code)			7. RESIDENCE ADDRESS (If different)		
8. US CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "NO", list ALIEN REGISTRATION NO.	9. CONNECTICUT RESIDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No	10. DO YOU WANT TO BE IN THE ORGAN/TISSUE DONOR REGISTRY? If yes, you are agreeing to be a donor and the designation will be on your license. <input type="checkbox"/> Yes <input type="checkbox"/> No	DAYTIME PHONE NO. ()	
11. SOCIAL SECURITY NUMBER		12. LIST ANY OTHER NAMES EVER USED (Alias, Maiden, etc)			

QUESTIONS	YES (✓)	NO (✓)	
13. Have you previously failed a driver's license examination in Connecticut?			FAILED <input type="checkbox"/> KNOWLEDGE <input type="checkbox"/> VISION <input type="checkbox"/> ROAD SKILLS LOCATION/DATE
14. Do you now, or have you ever held a Connecticut license or Non-Driver Identification card?			IF YES, IN WHAT YEAR(S)? CONNECTICUT LICENSE OR ID NO. (9 digits)
15. Do you now hold or have you ever held an operator's license or identification card from another state?			STATE, DRIVER LICENSE OR ID NO. NO. OF YEARS
16. Is your privilege to operate a motor vehicle suspended or subject to suspension in Connecticut or in any other state?			IN WHAT STATE(S)?

MEDICAL CERTIFICATION I hereby certify that I do not have any health or vision problems or conditions that prevent me from driving safely.

CERTIFICATION BY APPLICANT	The information provided to the Commissioner of Motor Vehicles herein is subscribed by me, under penalty of false statement, in accordance with the provisions of Section 14-110 and 53a-157b of the Connecticut General Statutes. I understand that if I make a statement which I do not believe to be true, with the intent to mislead the Commissioner, I will be subject to prosecution under the above-cited laws.	SIGNATURE OF APPLICANT X	DATE SIGNED
-----------------------------------	---	------------------------------------	-------------

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

PROOF OF IDENTIFICATION	TYPE OF ACCEPTABLE I.D. SHOWN		<input type="checkbox"/> I.D. SCANNED FIRST VISIT	EXAMINER INITIAL	STAMP NO.
VISION SCREENING RESULTS	VISUAL AID USED <input type="checkbox"/> NONE <input type="checkbox"/> GLASSES/CONTACTS		RESULTS <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED		
KNOWLEDGE TEST	<input type="checkbox"/> COMPUTER <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL		TEST NUMBER	TEST RESULTS <input type="checkbox"/> WAIVED <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED	
MOTORCYCLE PERMIT	<input type="checkbox"/> ISSUE MOTORCYCLE PERMIT		RESTRICTION (Circle, if applicable) B		
AGENT CERTIFICATION	I hereby certify that I have examined the applicant and the results stated herein are true and correct.		SIGNED (Agent) X	PUNCH NO. AND PUNCH	DATE SIGNED
DRIVER TRAINING	CLASSROOM INSTRUCTION	SCHOOL NAME	COMMERCIAL SCHOOL LICENSE NO.	DRIVER EDUCATION CERTIFICATE NO.	
	PRACTICE DRIVING	SCHOOL NAME (If same as above print "same")	COMMERCIAL SCHOOL LICENSE NO.	DRIVER EDUCATION CERTIFICATE NO.	
HOME TRAINING/ COMMERCIAL TRAINING CERTIFICATION	I hereby subscribe and certify under penalty of false statement, in accordance with the provisions of Section 14-110 and 53a-157b of the Connecticut General Statutes that I understand that if I make a statement, which I do not believe to be true, with the intent to mislead the Commissioner I will be subject to prosecution under the above-cited laws, that, I am qualified under Section 14-36, of the Connecticut General Statutes, over 20 years of age, have no suspensions within the previous 4 years and the Applicant has received the required training, including the equivalent of 22 hours classroom training; 40 hours on-the-road instruction; the 8 hours Safe Driver course, including a 2 hour Parent Training, as supported by a parent log and/or driving school certificate.				
	1 Home Training 22 hr class equiv 40 hr on-the-road 8 hr safe driving	2 Comm/Sec and Home 30 hrs class/minimum 8 hr safe driving plus home training 40 hrs on-the-road	3 Comm/Sec Only 30 hrs class	SIGNATURE OF INSTRUCTOR (Home Training/Commercial) X	OPERATOR LICENSE NUMBER OR SCHOOL LICENSE NUMBER
ROAD TEST VEHICLE	MAKE	MODEL (If applicable)	STATE & REG. NO.	PROOF OF INSURANCE <input type="checkbox"/> YES <input type="checkbox"/> NO	
ROAD TEST AND LICENSE INFORMATION	<input type="checkbox"/> WAIVED <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED		NO FEE <input type="checkbox"/> U.S. SERVICE <input type="checkbox"/> GOV'T	SPECIAL EQUIPMENT	
	NON-COMMERCIAL CLASS D	ENDORSEMENT M Q	RESTRICTIONS (Circle All Applicable) B C D E F G R U		
AGENT CERTIFICATION	I hereby certify that I have examined the applicant and the results started herein are true and correct.		SIGNED (Agent)	PUNCH NO. AND PUNCH	DATE SIGNED